

44211  
COMMUNITY TITLE CO:  
421 W. 81st Avenue  
Merrillville IN 46410

# TICOR TITLE INSURANCE

92008735

## AFFIDAVIT

STATE OF INDIANA )  
                          ) SS:  
COUNTY OF LAKE )

(ALSO KNOWN AS: SHIRLEY KARCEWSKI)

SHIRLEY M. KARCEWSKI, being first duly sworn upon oath, deposes and says:

1. That Affiant's spouse, CASIMIR E. KARCEWSKI died (without leaving a will) (leaving a will) on July 1st 1987 at SOUTH CHICAGO COMMUNITY HOSPITAL

2. That they were duly and legally married at the time they acquired title as husband and wife to the following described real estate: 7105 JACKSON AVENUE, HAMMOND, INDIANA

Key # 34-197-1

Legal - Jackson Terrace, L1, BL 9; A11 L2, BL 9, and L3, BL 9

**Document is NOT OFFICIAL!**

3. That the marital relationship which existed between them at the time they acquired title to said real estate remained in effect and unbroken until the date of (his) (her) death.

4. That all funeral expenses in connection with the death of said decedent have been paid in full.

5. That all of the assets of said decedent which would be includable for Federal Estate Tax purposes, including joint bank accounts and life insurance on decedent's life were not sufficient to necessitate payment of Federal Estate Tax.

Further affiant sayeth not.



(ALSO KNOWN AS: SHIRLEY KARCEWSKI)  
Shirley M. Karcewski

Subscribed and sworn to before me, a Notary Public, this 28th day of January, 1992.

Drea Sasse  
Notary Public

My Commission expires:

**FILED**

March 15, 1993

FEB 7 1992

County of Residence:

Lake

Anna M. Anton  
AUDITOR LAKE COUNTY

This Instrument prepared by Shirley Karcewski

00216  
800  
CM

NOTARY CERTIFICATE

STATE OF INDIANA  
FILED  
FEB 11 12 11 PM '92

STATE OF ILLINOIS

STATE FILE  
NUMBERREGISTRATION  
DISTRICT NO. 16:10

## MEDICAL CERTIFICATE OF DEATH

612742

July 2 1987

1. DECEASED - NAME FIRST MIDDLE LAST Casimir E. Karczewski		2. SEX Male	3. DATE OF DEATH MONTH, DAY, YEAR July 1, 1987	
4. RACE - WHITE, BLACK, AMERICAN INDIAN, ETC. (SPECIFY) White		5. AGE - LAST YEAR, MONTH, DAY 62		6. DATE OF BIRTH - MONTH, DAY, YEAR APRIL 19, 1925
7. CITY, TOWN, VILLAGE OR NEAR DISTRICT BOROUGH Chicago		8. HOSPITAL OR OTHER INSTITUTION South Chicago Community Hospital		9. IF HOSP. OR INST., UNDER WHAT DEPT. OR DIV. (SPECIFY) Inpatient
10. STATE OF BIRTH (IF NOT U.S.A.) Illinois	11. CITIZEN OF WHAT COUNTRY U.S.A.	12. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married	13. NAME OF SURVIVING SPOUSE (MAIDEN NAME, IF WIFE) Shirley Johnson	
14. SOCIAL SECURITY NUMBER 347-14-7368	15. USUAL OCCUPATION ARMATURE WINDER	16. KIND OF BUSINESS OR INDUSTRY STEEL COMPANY	17. WAS DECEASED EVER IN U.S. ARMY OR NAVY OR MARINE CORPS OR U.S. AIR FORCE OR U.S. AIR FORCE RESERVE? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 18. DATE OR DATES OF SERVICE World War 11	
19. RESIDENCE - STREET AND NUMBER 11053 S Avenue M	20. CITY, TOWN, VILLAGE OR NEAR DISTRICT, NO. INSIDE CITY Chicago	21. COUNTY Cook	22. STATE Illinois	
23. FATHER - NAME Casimir Karczewski	24. MOTHER - MAIDEN NAME Helen Daszkiwicz	25. SIGNATURE OF REGISTRAR Lonnie C. Edwards, M.D., M.P.A.		
26. DEATH WAS CAUSED BY: PART I - IMMEDIATE CAUSE (a) CARDIO-PULMONARY ARREST DUE TO OR AS A CONSEQUENCE OF: (b) CARCINOMA, LUNG DUE TO OR AS A CONSEQUENCE OF: (c)		27. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 1.5 HOURS		
28. PART II - OTHER SIGNIFICANT CONDITIONS, INCLUDING CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I None		29. AUTOPSY (YES/NO) 19a. No <input checked="" type="checkbox"/> 19b. Yes <input type="checkbox"/>		
30. DATE OF OPERATION, IF ANY	31. MAJOR FINDINGS OF OPERATION			
32. I (WHO DID NOT) ATTEND THE DECEASED AND LAST SAW HIM/HER ALIVE ON July 1, 1987		33. WAS CORONER OR MEDICAL EXAMINER NOTIFIED? (SPECIFY YES OR NO) No <input checked="" type="checkbox"/>		34. HOUR OF DEATH 11:50 A.M.
35. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSE(S) STATED.		36. DATE SIGNED (MO., DAY, YR.) July 2, 1987		
37. SIGNATURE Olivo Leopando M.D. 80 Riveroaks Drive Calumet City, Illinois		38. ILLINOIS LICENSE NUMBER 49064		
39. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (TYPE OR PRINT)		NOTE: IF AN INJURY WAS INVOLVED IN THIS DEATH THE CORONER OR MEDICAL EXAMINER MUST BE NOTIFIED.		
40. BURIAL, CREMATION, REMOVAL BURIAL	41. CEMETERY OR CREMATORY - NAME HOLY CROSS	42. LOCATION CALUMET CITY, ILLINOIS	43. DATE (MONTH, DAY, YEAR) 7-3-1987	
44. FUNERAL HOME THE CLAUDE E. GRIESEL MORTUARY, LTD. 10240 S. EWING AVENUE CHICAGO, ILLINOIS 60617		45. FUNERAL DIRECTOR'S SIGNATURE Kenneth J. Davis		
46. LOCAL HEALTH DEPT. SIGNATURE Lonnie C. Edwards, M.D., M.P.A.		47. DATE REC'D. BY LOCAL REGISTRAR (MONTH, DAY, YEAR) JUL 2 1987		

STATE OF ILLINOIS  
COUNTY OF COOK SS  
CITY OF CHICAGO

I, LONNIE C. EDWARDS, M.D., M.P.A., LOCAL REGISTRAR OF VITAL STATISTICS OF THE CITY OF CHICAGO, DO HEREBY CERTIFY THAT I AM THE KEEPER OF THE RECORDS OF BIRTHS, STILLBIRTHS AND DEATHS OF THE CITY OF CHICAGO BY VIRTUE OF THE LAWS OF THE STATE OF ILLINOIS AND THE ORDINANCES OF THE CITY OF CHICAGO; THAT THE ACCOMPANYING CERTIFICATE ON THIS SHEET IS A TRUE COPY AS A RECORD KEPT BY ME IN PURSUANCE OF SAID LAWS AND ORDINANCES.

THIS CERTIFIED COPY VALID  
WHEN MULTICOLOR SEAL AND  
BLUE SIGNATURE ARE AFFIXED

DEPARTMENT OF HEALTH CITY OF CHICAGO